

57449

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-006017

GENERATOR (Generator Must Complete)

② Name ALUMINUM COMPANY
OF AMERICA, VERNON WORKS

EPA NO. C A D 0 7 4 1 2 6 6 8 1

Address 5151 ALCOA AVE Phone No. 588-6141

City, State, Zip VERNON CA. 90058

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES INC.

EPA NO. C A D 0 8 0 0 1 2 0 2 4

Address 900 N. POTRERO GRANDE DRIVE

City, State, Zip MONTEREY PARK, CA

④ Alternate TSD Facility

NAME CHEMICAL WASTE
MANAGEMENT INC.

EPA NO. C A T 0 0 0 6 4 6 1 1 7

Address P.O. BOX 1104 430 W. ELM AVE

City, State, Zip COALINGA, CA

SFUND RECORDS CTR
999000977

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS ALUMINUM FABRICATION

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	E.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
B.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	F.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
C.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G.		<input type="checkbox"/> % <input type="checkbox"/> ppm.
D.			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non Hazardous Material	100	%

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other ALUMINUM OXIDES & WATER

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *K. Aump*
Signature of Authorized Agent and Title

5-4-82
Date Shipped

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.

EPA NO. C A D 0 2 8 2 7 7 0 3 6

ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392

CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 5-5-82
TIME ☐ AM ☐ PM

⑯ *J. H. H. H.*
Signature of Authorized Agent and Title

5-5-82
Date

TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)

⑰ NAME *Operating TSD Facility* ⑱ QUANTITY (If Measured) 100 BBL

EPA NO. C A T 0 8 0 0 1 2 0 2 4 ⑲ STATE FEE (If Any)

PHONE NO.

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

⑳ NAME
EPA NO.

㉑ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify)
☐ Recovery or Reuse ☐ Storage/Transfer

㉒ *[Signature]*
Signature of Authorized Agent and Title

5-4-82
Date Accepted